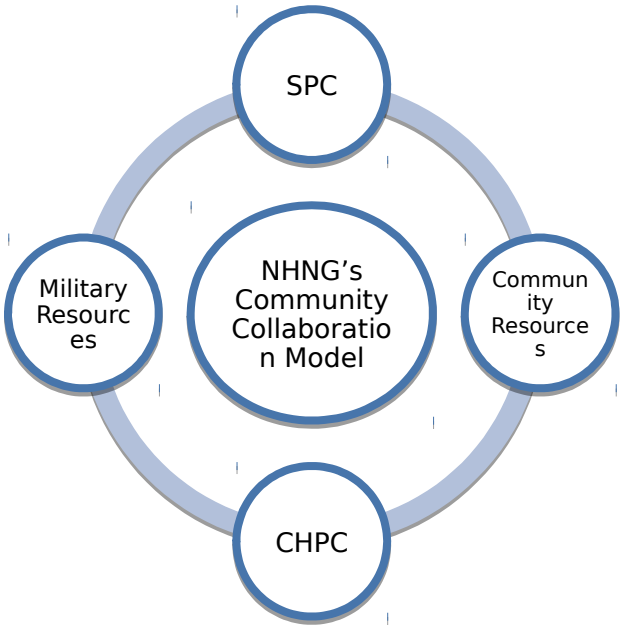
Garrow, D

NEW HAMPSHIRE NATIONAL GUARD’s COMMUNITY COLLABORATION MODEL

NEW HAMPSHIRE NATIONAL GUARD's COMMUNITY COLLABORATION MODEL



Why We Started the Community Collaboration Model

- New Hampshire has historically exceeded the National suicide rate

- In 2007 data collected nationally showed an increase in suicides for the ARNG

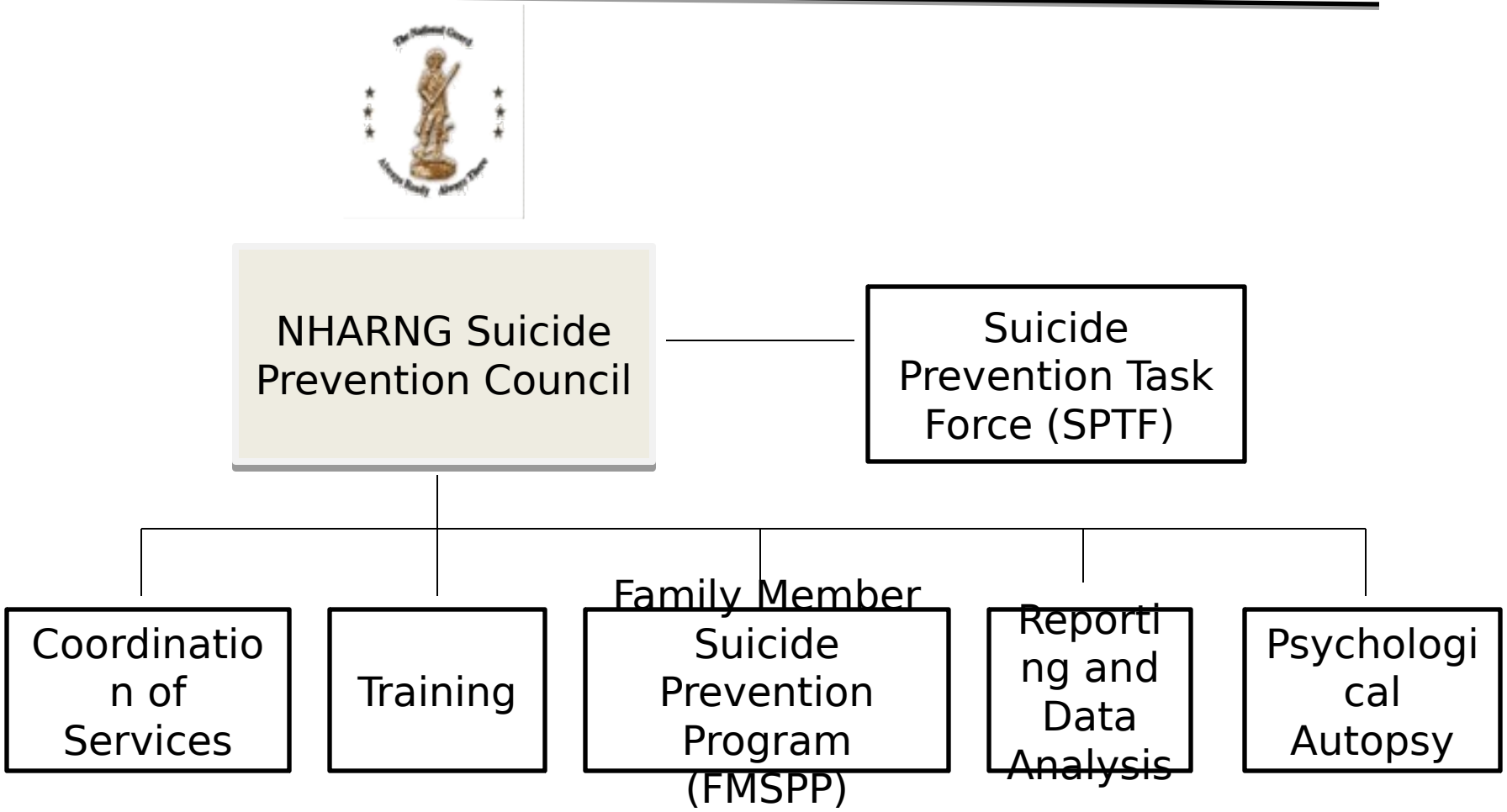
- Tracking suicide deaths and collecting data to analyze trends and patterns
  prior to 1 October 2008 was erratic at best

- The lack of a Military Treatment Facility in New Hampshire for its military
  service members to utilize

- Key stakeholders within NH drafted a Suicide Prevention Plan for New
  Hampshire, it was written and adopted in 2004

- The NHARNG stood up its Suicide Prevention Council and Task Force with the
  optimal goal of reducing suicides in our NHARNG and their family members

NHARNG's Suicide Prevention Council and Task Force Original Structure



State of New Hampshire's Suicide Prevention Council Original Structu

Suicide Prevention Council

- Military and Veterans
- Professional Practices
- National Violent Death Reporting
- Communications
- Data and Collection Analysis
- Suicide Fatality Review
- Public Policy

How the Community Collaboration Started

- The collaboration started in 2007 between the two councils when the National Alliance on Mental Illness (NAMI-NH) was invited to attend NHNG SPC Meetings and asked to teach suicide prevention and postvention to the NHARNG

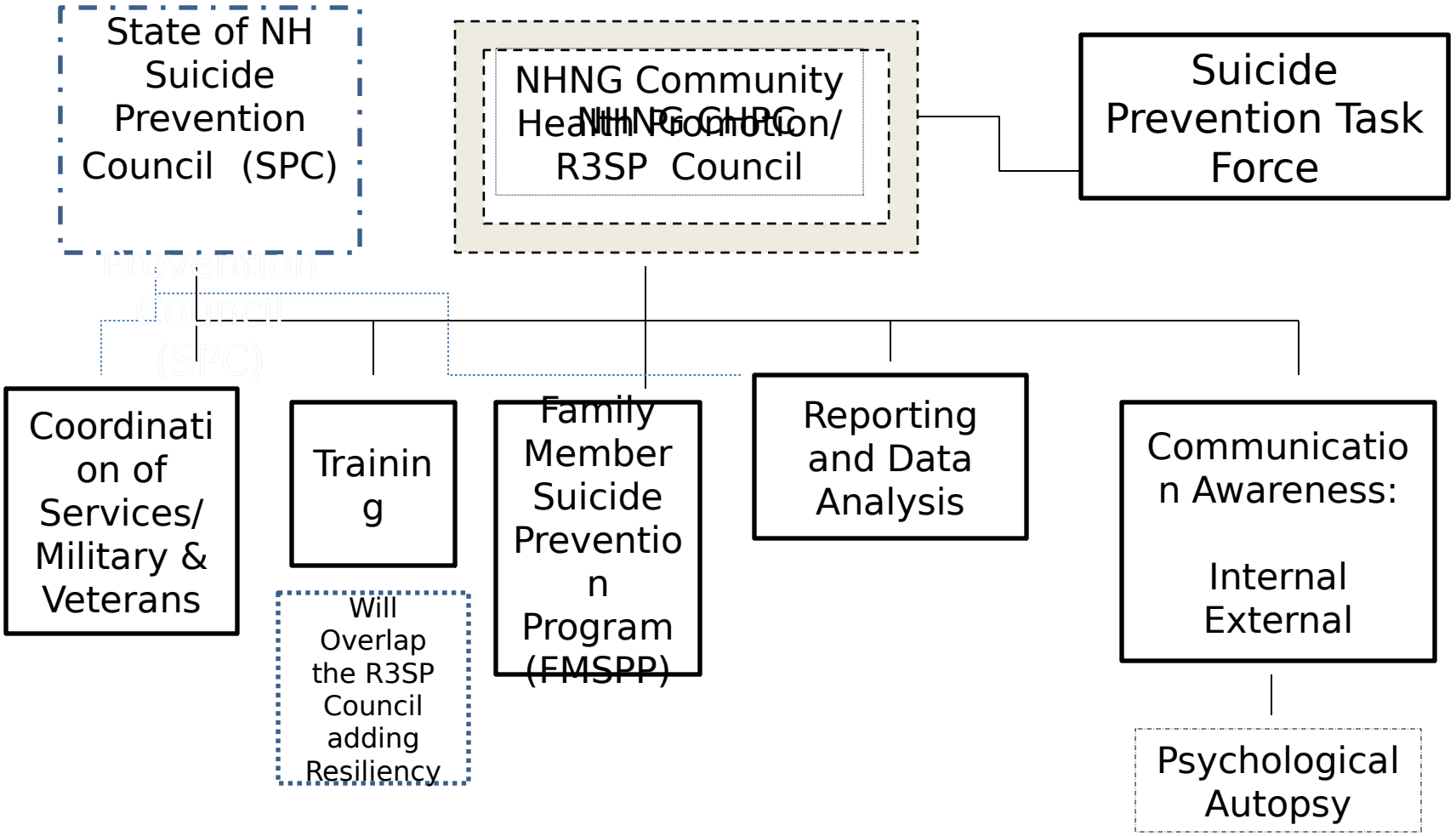
- In April 2009 the NHARNG stood up the Community Health Promotion Council (CHPC)

- We merged the former NHARNG Suicide Prevention Council and Task Force into the CHPC

- In September 2009 the Governor received the revised SPC Plan that included a section on military and veterans and the Governor approved the plan in November 2009

- We agreed to continue collaboration with the State Suicide Prevention Council and the CHPC to eliminate the

Current Structure of the CHPC



Military Organizations Collaborating within the C

The Air Guard Liaisons- their Suicide Prevention Program of the early '90s demonstrated the ability not only reduce suicide deaths but also domestic violence calls, DWI, and arrests for various misconduct violations. It was key to partner with them to start up our NHARNG Suicide Prevention Program. Serves on Military & Veterans Subcommittee

PTO – manages the prevention training outreach program, sharing tracking trends and patterns from deploying units. Serves on the Reporting and Data Analysis Subcommittee

State Surgeon - leads our PDHRA program and shares their resources in making our
Soldiers mission ready and resilient. Chairs the Reporting and Data Analysis Subcommittee, serves on the SPTF.

Family Support Program Coordinator – provides vital support to the Military and Family
Members to remain connected while serving at home or overseas. Chairs the FMSPP Subcommittee

SARC – provides valuable awareness and education in reducing domestic violence and sexual assaults. Shares and overlaps the Victim Advocate Training with Suicide Prevention Training to all Service Members within the

PAO – assists the CHPC with safe messaging of suicidal incidents and information. Promoting suicide awareness efforts both internally and externally. Chairs Communications Subcommittee

DPH - provides Behavioral Health expertise for CHPC and helps any Service Member in NH. Serves on the SPTF. Serves on Reporting and Data Analysis, Military & Veterans, and Resilience & Training Subcommittees

State Chaplain – provides mentoring and spiritual guidance to the CHPC and Soldiers and Family Members of the NHNG. Manages the Strong Bonds Program 's retreats for married and single Soldiers. Serves on the SPTF, the Reporting and Data Analysis, Military & Veterans Subcommittees

SPPM - manages Suicide Prevention Program, tracks all mandatory training events. Facilitates the CHPC, Chairs the Military & Veterans Subcommittee, serves on Reporting and Data Analysis, Resilience & Training Subcommittees.

HRO – assists CHPC in tracking of resiliency and suicide prevention training. Co Chairs the Resilience and Training Subcommittee

G3 – assists CHPC in tracking of resiliency and suicide prevention training. Co

Organizations Collaborating within the CHPC_

The relationships we have forged and has been strengthened through this process to improved support to Soldiers, Veterans and Families in areas other than suicide prevention. Here is a list of several organizations collaborating and serving on CHPC:

- ✓ the National Alliance on Mental Illness in New Hampshire (**NAMI-NH**). Serves on Military & Veterans, Data Collection and Analysis Subcommittees
- ✓ the **VA** in NH and VT. Liaison's serve on Military & Veterans Subcommittee
- ✓ the Outpatient Clinics that the VA's support
- ✓ **VET Center** and the Outpatient Clinics it supports. Serves on Military & Veterans
- ✓ 10 NH **Community Mental Health Clinics**
- ✓ **Liaisons** of Suicide Prevention between Joint Services and sister branches (**NH Army and Air National Guard**, **USAR**, **USMCR, USNR**, **USCGR**). Serve on Military & Veterans Subcommittee

Examples of Successes for NHARNG's Collaboration Efforts

stvention Training. **NAMI-NH's** Connect Suicide Prevention Program is a proactive proach to train people how to respond before there is a death. The NHARNG began ining all SIOs, Commanders, 1SGs and FACs/FRGs Postvention in 2007

litary Culture Training. Using volunteers from **DBHRT** since 2007 has been a tical component that has encouraged participation for service providers joining r military committees and improve the service providers to feel they have e cultural confidence, skills and resources to provide to Service Members and Veterans.

aison of Medical Examiner's Office. The MOA established in 2007 between the **HARNG**, **NH DHHS** and the **Office Chief Medical Examiner** provides us with rapid ease of sensitive and vital information dealing with suicide deaths. This MOA has engthened and improved the timeliness of accurately reporting cause of death. It has also engthened and improved our CNO/CAO Program and the Military Honors ogram in the NHARNG. Soldiers in NHARNG are given a military funeral with full nors regardless of the cause of death, honoring the Soldier's life and respecting the Soldier mily dignity and privacy.

New Hampshire National Guard's Community Collaboration Model: Areas to improve

Suicides in New Hampshire are still above the National Average

Coos County has the highest suicide rate
- most rural area of New Hampshire
- sparsely populated
- too few behavioral and medical health facilities

What can we do?

- continue to build our partnerships between all services and share each others resources to help lower the suicide rate in New Hampshire
- partner with all NH Hospitals and develop MOAs with all
- reach out to more veteran services organizations and invite them to join the CHPC and SPC's subcommittees (American Legion Posts, DAV Posts)
- continue to educate/train civilian and military personnel using ACE for suicide prevention, ASIST for suicide intervention, and have NAMI-NH continue use of their Connect Program to educate/train

New Hampshire National Guard's Community Collaboration Model: Areas to improve, continued

As directed by the Resilience, Risk Reduction and Suicide Prevention (R3SP) Campaign Plan Memorandum dated 23 November 2010; the NHNG was directed to stand up a Resilience, Risk Reduction and Suicide Prevention (R3SP) Council .

NHARNG's R3SP Council layout:

- revised the CHPC existing charter and added the NH Resiliency Campaign Plan

- the CHPC created a sixth subcommittee: Resiliency and it merges/overlaps with the Training Subcommittee. These overlapping councils are Joint

- the Resiliency/Training Subcommittee is responsible for making our NHNG resiliency compliant IAW the R3SP Campaign Plan by:

MEMORANDUM OF AGREEMENT
BETWEEN
THE NEW HAMPSHIRE OFFICE OF THE ADJUTANT GENERAL

AND
THE NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND
THE NEW HAMPSHIRE OFFICE OF THE CHIEF MEDICAL EXAMINER
RE: DESIGNATION OF LIASON TO OFFICE OF THE CHIEF MEDICAL EXAMINER

WHEREAS, the Adjutant General, New Hampshire National Guard (NHNG) seeks to improve its outreach efforts with regard to suicide prevention and post-vention, and to fulfill its obligation to complete Department of Defense Suicide Event Reports; and

WHEREAS, the New Hampshire Office of the Chief Medical Examiner (OCME) currently provides the New Hampshire Department of Health and Human Services (NHDHHS) with information regarding deaths by suicide obtained in the course of its investigations (the "information"), pursuant to RSA 611-B:21, III; and

WHEREAS, Xxxx Xxxxxx currently serves as NHDHHS' designated liaison to OCME for purposes of collecting the information and utilizing it in NHDHHS' suicide prevention and post-vention programs; and

WHEREAS, NHNG's proposed use of the information is consistent with and will further NHDHHS' suicide prevention and post-vention programs, and it is permitted to have access to the information pursuant to RSA 611-B:21, III.

NOW THEREFORE, NHNG, NHDHHS and OCME agree as follows:

1. Xxxx Xxxxxx, (and any subsequent designee of NHDHHS) is designated as Liaison to OCME from NHNG (the "Liaison").
2. The Liaison is authorized to provide NHNG with information obtained from OCME regarding individuals who have a connection to NHNG and have been deemed to have died as a result of suicide.
3. NHNG will use the information in its suicide prevention and post-vention outreach programs, and to complete Department of Defense Suicide Event Reports.

4.NHNG acknowledges that pursuant to RSA 611-B:21, III, the information is confidential and exempt from public disclosure under the Right-to-Know Act (RSA 91-A) and it will therefore use the information in a manner that, to the greatest extent possible, preserves such confidentiality.

Xxxxx X. Xxxxx
Major General, NHNG
The Adjutant General

_____
(Date)

Xxxxx X. Xxxxx
Commissioner, New Hampshire Department
of Health and Human Services

_____
(Date)

Xxxxx X. Xxxxx, M.D.
Chief Medical Examiner
New Hampshire Department of Justice

_____
(Date)

Reviewed as to form and substance:
Xxxxx X. Xxxxx
Assistant Attorney General

_____
(Date)

Constantly Improving this collaboration of combined efforts and partnership will make the New Hampshire National Guard and the citizens of New Hampshire stronger

- mentally
- physically
- spiritually

Questions?